Fill in this information to identify your case and this	tered 03/16/2	0 09:26:22 De	sc Main
This in this information to identify your case and this	Document rage - of 47		
Debtor 1 Kimberly A. Cline First Name Middle Name	Last Name		
Debtor 2 (Spouse, if filling) First Name Middle Name	Last Name		
United States Bankruptcy Court for the: Western District of Pen	nsylvania		
Case number20-20646-GLT		С	Check if this is an amended filing
Official Form 106A/B			amended ming
Schedule A/B: Property	/		12/15
In each category, separately list and describe items category where you think it fits best. Be as comple responsible for supplying correct information. If more write your name and case number (if known). Answers Part 1:	te and accurate as possible. If two married people ore space is needed, attach a separate sheet to thi er every question.	e are filing together, bo is form. On the top of a	th are equally
Do you own or have any legal or equitable interes	et in any residence, building, land, or similar prop	erty?	
☐ No. Go to Part 2.			
Yes. Where is the property?	What is the property? Check all that apply. Single-family home	Do not deduct secured cla the amount of any secure	
1.1. 6 Thompson Street Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Clair	ns Secured by Property:
Offeet address, if available, of offer description	Condominium or cooperative Manufactured or mobile home		portion you own?
	Land	\$ 220,000.00	\$ 220,000.00
Finleyville PA 15332-9 Gity State ZIP Code	4 Investment property Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.	Fee simple	
Washington County	Debtor 1 only	☐ Check if this is co	ommunity property
County	Debtor 2 only		
	Debtor 1 and Debtor 2 only At least one of the debtors and another		
	Other information you wish to add about this it	em, such as local	
	property identification number:	,	
If you own or have more than one, list here:	What is the property? Check all that apply.	Do not deduct secured cla	
1.2.	Single-family home Duplex or multi-unit building	the amount of any secure Creditors Who Have Clair	
Street address, if available, or other description	Condominium or cooperative	Current value of the	Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	Land	\$	\$
	Investment property		
City State ZIP Code	Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life)	simple, tenancy by
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is co	ommunity property
	At least one of the debtors and another	(see instructions)	p. opolity
	Other information you wish to add shout this its	m such as local	
	Other information you wish to add about this ite property identification number:	iii, Sucii as local	

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Nimberry A. Cline Document Page 2 of 48 number (if known) 20-20646-GLT

What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ☐ Single-family home Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the ☐ Condominium or cooperative entire property? portion you own? ☐ Manufactured or mobile home ☐ Land ☐ Investment property Describe the nature of your ownership City State ZIP Code Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages \$ 220,000.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No ✓ Yes Saturn Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3 1 the amount of any secured claims on Schedule D: Vue Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only 2008 Year: Current value of the
Current value of the Debtor 1 and Debtor 2 only 132000 entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ¢ 1,700.00 ¢ 1,700.00 Condition: Good ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions)

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. Make: ————— Model:	Dobtor 1 only	the amount of any secure Creditors Who Have Clair	
Year:	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value portion you o
Approximate mileage:	At least one of the debtors and another	chare property.	portion you c
Other information:		\$	\$
	☐ Check if this is community property (see instructions)	Ψ	Ψ
Make:		Do not deduct secured cla	
Model:	Debtor 1 only	Creditors Who Have Clair	
Year:	Debtor 2 only	Current value of the	Current value
Approximate mileage:	— □ Debtor 1 and Debtor 2 only — □ At least one of the debtors and another	entire property?	portion you
Other information:	At least one of the debtors and another		
Other information.	Check if this is community property (see instructions)	\$	\$
amples: Boats, trailers, motors, pers No Yes Make: Model:	Debtor 1 only Debtor 2 only		d claims on <i>Sched</i>
amples: Boats, trailers, motors, pers No Yes Make:	Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secure	d claims on Scheoms Secured by Pro Current value portion you c
Amples: Boats, trailers, motors, personal No Yes Make: Model: Other information: Ou own or have more than one, list have Model: Model: Model: Year: Model: Model: Year: Model: Mo	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Mo has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on Scheoms Secured by Pro
Amples: Boats, trailers, motors, personal No Yes Make: Model: Year: Other information: ou own or have more than one, list he Make: Model: Model:	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Mo has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clain Current value of the	d claims on Scheoms Secured by Pro
Amples: Boats, trailers, motors, personal No Yes Make: Model: Other information: Ou own or have more than one, list have Model: Model: Model: Year: Model: Model: Year: Model: Mo	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Mo has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secure Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured clathe amount of any secure Creditors Who Have Clain Current value of the	d claims on Scheems Secured by Pro Current value portion you of same or exemption d claims on Scheems Secured by Pro Current value

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Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own?			
6. Household goods and furnishings	Do not deduct secured claims			
Examples: Major appliances, furniture, linens, china, kitchenware	or exemptions.			
□ No Furniture				
✓ Yes. Describe				
	5,000,00			
	\$_5,000.00			
7. Electronics				
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanner collections; electronic devices including cell phones, cameras, media players, games	rs; music			
✓ No				
Yes. Describe	\$0.00			
	\$			
8. Collectibles of value				
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;				
stamp, coin, or baseball card collections; other collections, memorabilia, collectibles				
☑ No	0.00			
Yes. Describe	\$ <u>0.00</u>			
9. Equipment for sports and hobbies				
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, ski and kayaks; carpentry tools; musical instruments	s; canoes			
✓ No				
Yes. Describe	s 0.00			
100. Boothbo	\$			
10. Firearms				
Examples: Pistols, rifles, shotguns, ammunition, and related equipment				
✓ No				
Yes. Describe	_{\$} 0.00			
11. Clothes				
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories				
No Woman's clothes	1,000,00			
Yes. Describe	\$			
12. Jewelry				
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches	s, gems,			
gold, silver	-			
☐ No Jewelry	700.00			
☑ Yes. Describe	\$_700.00			
13. Non-farm animals				
Examples: Dogs, cats, birds, horses				
☑ No ☐ Yes. Describe	\$ 0.00			
LI Tes. Describe	\$			
14. Any other personal and household items you did not already list, including any health aids you did not list				
☑ No				
Yes. Give specific	\$ 0.00			
information	\$			
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attact	hed \$ 6,700.00			
for Part 3. Write that number here	→ [\$-0,700.00			

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Part 4:	Describe	Your	Financial	Assets

Do you own or have any leg	al or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☑ No	e in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Cash:	\$
	ngs, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, ar institutions. If you have multiple accounts with the same institution, list each.	
17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account:	Institution name: Bank	- \$
✓ No ☐ Yes Institution or issuer name:	estment accounts with brokerage firms, money market accounts k and interests in incorporated and unincorporated businesses, including an interest in	\$ \$ \$
Name of entity:	% of ownership:	\$

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20. Government and corporate bonds and other negotiable and non-negotiable instruments	
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money order Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.	S.
☑ No	
Yes. Give specific information about	
them	
issuel fiditie.	\$
	_
	Φ
21. Retirement or pension accounts	and the above and are
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or	profit-sharing plans
☑ No □ Year List and h	
☐ Yes. List each account separately. Institution name: Type of account:	
401(k) or similar plan:	\$
IRA:	\$
Retirement account:	\$
Keogh:	<u> </u>
Additional account:	\$
Additional account:	
Your share of all unused deposits you have made so that you may continue service or use from a comp Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunication companies, or others	
☑ No	
Yes Institution name or individual:	
Electric:	\$
Gas:	\$
Heating oil:	\$
Rental unit:	\$
Prepaid rent:	\$
Telephone:	\$
Water:	<u> </u>
Rented furniture:	\$
Other:	\$
On Amounting (A contract for a portionic research of manages to see a life of the section of the	
23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	
☑ No	
Yes Issuer name and description:	•
	\$
	\$ \$
	Ψ

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24. Interests in an education IRA, in an account in a qualified ABLE program, or un	der a qualified state tuition program.	
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).		
☑ No		
Yes Institution name and description. Separately file the re	ecords of any interests.11 U.S.C. § 521	(c):
		¢
		\$
		\$
25. Trusts, equitable or future interests in property (other than anything listed in linexercisable for your benefit	ne 1), and rights or powers	
☑ No		
Yes. Give specific		0.00
information about them		\$0.00
26. Patents, copyrights, trademarks, trade secrets, and other intellectual property		
Examples: Internet domain names, websites, proceeds from royalties and licensing a	agreements	
✓ No		
Yes. Give specific information about them		\$0.00
iiiioiiiiatioii about tileiii		Ψ
27. Licenses, franchises, and other general intangibles		
Examples: Building permits, exclusive licenses, cooperative association holdings, liqu	uor licenses, professional licenses	
☑ No		
Yes. Give specific		
information about them		\$ <u>0.00</u>
Money or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
8. Tax refunds owed to you		
☑ No		
Yes. Give specific information		_{\$} 0.00
about them, including whether	Federal:	
you already filed the returns and the tax years	State:	\$0.00
and the tax years	Local:	\$_0.00
9. Family support		
Examples: Past due or lump sum alimony, spousal support, child support, maintenan-	ce, divorce settlement, property settlem	nent
☑ No		
Yes. Give specific information	Alimony:	_{\$} 0.00
	Maintenance:	\$ 0.00
	Support:	\$ 0.00
	Divorce settlement:	\$ 0.00
	Property settlement:	\$ 0.00
	Froperty Settlement:	Ψ
0. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, Social Security benefits; unpaid loans you made to someone else	, vacation pay, workers' compensation,	
Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay,	, vacation pay, workers' compensation,	
Social Security benefits; unpaid loans you made to someone else	, vacation pay, workers' compensation,	\$ 0.00

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31. Interests in insurance policies Examples: Health, disability, or life insura	nce; health savings account (HSA); c	redit, homeowner's, or renter's insurance	
✓ No ☐ Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
			\$
			\$
			¢
32. Any interest in property that is due you If you are the beneficiary of a living trust, property because someone has died. ✓ No ☐ Yes. Give specific information	expect proceeds from a life insurance or not you have filed a lawsuit or m es, insurance claims, or rights to sue		\$0.00 \$0.00
Yes. Describe each claim			\$0.00
✓ No	y not		_
Yes. Give specific information			\$0.00
36. Add the dollar value of all of your entri for Part 4. Write that number here			\$5,600.00
Part 5: Describe Any Business	-Related Property You Own	or Have an Interest In. List any re	eal estate in Part 1.
37. Do you own or have any legal or equita ✓ No. Go to Part 6. ✓ Yes. Go to line 38.	ble interest in any business-relate	d property?	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accounts receivable or commissions y	ou already earned		
□ No			_
Yes. Describe			\$
	-	es, rugs, telephones, desks, chairs, electronic devices	
∐ No			1
Yes. Describe			\$

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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade					
☐ No ☐ Yes. Describe	\$				
41. Inventory					
☐ No ☐ Yes. Describe	\$				
42. Interests in partnerships or joint ventures No					
Yes. Describe Name of entity: % of owners					
	\$ \$ \$				
43. Customer lists, mailing lists, or other compilations					
 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No 					
Yes. Describe	\$				
44. Any business-related property you did not already list					
Yes. Give specific information	_ \$				
	_ \$ _ \$				
45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached	\$ \$0.00				
for Part 5. Write that number here	→				
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.					
46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47.					
	Current value of the portion you own? Do not deduct secured claims or exemptions.				
47. Farm animals Examples: Livestock, poultry, farm-raised fish □ No					
☐ Yes	\$				

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48. Crops—either growing or harvested No			7
Yes. Give specific information			\$
49. Farm and fishing equipment, implements, machinery, fixtures No Yes			7
			\$
50. Farm and fishing supplies, chemicals, and feed			
☐ No ☐ Yes]
			\$
51. Any farm- and commercial fishing-related property you did no	ot already list		
Yes. Give specific information			\$
52. Add the dollar value of all of your entries from Part 6, includir for Part 6. Write that number here	ng any entries for pages	s you have attached	\$0.00
			L
Part 7: Describe All Property You Own or Have a	ın Interest in That	You Did Not List Above	
53. Do you have other property of any kind you did not already lis	st?		
Examples: Season tickets, country club membership No			
Yes. Give specific information			
54. Add the dollar value of all of your entries from Part 7. Write th	at number here		\$_0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2			\$_220,000.00
56. Part 2: Total vehicles, line 5	\$_1,700.00	_	
57. Part 3: Total personal and household items, line 15	\$_6,700.00	_	
58. Part 4: Total financial assets, line 36	\$_5,600.00	_	
59. Part 5: Total business-related property, line 45	\$_0.00	_	
60. Part 6: Total farm- and fishing-related property, line 52	\$_0.00	_	
61. Part 7: Total other property not listed, line 54	+ \$0.00	_	
62. Total personal property. Add lines 56 through 61	\$_14,000.00	Copy personal property total	+ \$ 14,000.00
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$ <u>234,000.00</u>

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Fill in this in	formation to ider	ntify your case:	
Debtor 1	Kimberly A. Cline		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States I	Bankruptcy Court for	the: Western District of Peni	nsylvania
Case number	20-20646-GLT		
(If known)			

Official Form 106C

Identify the Drenewty Vey Oleim ee Evennet

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Identify the Property You Claim	Part 1: Identify the Property You Claim as Exempt						
 Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☑ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 							
2. For any property you list on Schedule A/B th	at you claim as exempt, fill in	n the information below.					
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption				
	Copy the value from Schedule A/B	Check only one box for each exemption					
6 Thompson Street Brief description: Line from Schedule A/B: 1.1	\$ <u>220,000.00</u>	\$\frac{20,875.00}{100\% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(1)				
Brief 2008 Saturn Vue description: Line from Schedule A/B: 3.1	\$_1,700.00	\$ 1,700.00 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(2)				
Brief Household goods - Furniture description: \$ 5,000.00							
3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) ☑ No ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No ☐ Yes							

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Debtor

Last Name

Part 2: **Additional Page**

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from	exemption you claim Check only one box	Specific laws that allow exemption
	Clathing Waman's slathes	Schedule A/B	for each exemption	
Brief desc Line		\$ <u>1,000.00</u>	\$\frac{1,000.00}{100\% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Sche	dule A/B: 11 Jewelry - Jewelry		,	11 USC § 522(d)(4)
Line	ription:	\$ <u>700.00</u>	\$ 700.00 100% of fair market value, up to any applicable statutory limit	
Brief	Bank (Checking) ription:	\$5,600.00	\$\frac{1,325.00}{100\% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
	dule A/B: 17.1			11 U.S.C. § 522 (d)(5)
	Bank (Checking) ription:	\$ <u>5,600.00</u>	\$ 4,275.00 100% of fair market value, up to	
Line Sche	from edule A/B: 17.1		any applicable statutory limit	
Brief desc	ription:	\$	\$ 100% of fair market value, up to)
Line Sche	from edule A/B:		any applicable statutory limit	
Brief desc	ription:	\$	\$ 100% of fair market value, up to	
Line Sche	from dule A/B:		any applicable statutory limit	0
Brief desc	ription:	\$	\$100% of fair market value, up to	0
Line Sche	from dule A/B:		any applicable statutory limit	
Brief desc	ription:	\$	\$100% of fair market value, up to	o
Line Sche	from dule A/B:		any applicable statutory limit	
Brief desc	ription:	\$	\$100% of fair market value, up to	
Line Sche	from dule A/B:		any applicable statutory limit	
Brief desc	ription:	\$	\$\$100% of fair market value, up to	
Line Sche	from dule A/B:		any applicable statutory limit	,
	ription:	\$	\$100% of fair market value, up to any applicable statutory limit)
Line Sche	from dule A/B:		, , ,,,	
Brief desc	ription:	\$	\$100% of fair market value, up to	3
Line Sche	from dule A/B:		any applicable statutory limit	

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Fill in this in	Fill in this information to identify your case:			
Debtor 1	Kimberly A. Cline			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for t	the: Western District of P	ennsylvania	
Case number	20-20646-GLT			
(If known)				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

for each claim. If more than one creditor ha	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 MTGLQ Investors, L. P.	Describe the property that secures the claim:	_{\$} 137,111.44	\$ 220,000.00	\$ <u>0.00</u>
Creditor's Name 6011 Connection Drive Number Street	6 Thompson Street, Finleyville, PA 15332-9435 - \$220	0,000.00		
Irving TX 75039 City State ZIP Code Who owes the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)	,		
☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Date debt was incurred	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number	-		
Z.2 MTGLQ Investors, L. P. Creditor's Name 6011 Connection Drive Number Street	Describe the property that secures the claim: - \$0.00	<u>\$148,000.00</u>	\$ 0.00	\$ <u>148,000.0</u> 0
Irving TX 75039 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred	of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Last 4 digits of account number	_		
Add the dollar value of your entries in 0	Column A on this page. Write that number here:	\$_285,111.44	-	

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Debtor 1

Kimberly A. Cline

First Name Middle Name Last Name Case number (if known) 20-20646-GLT

Pa	List Others to Be Notified f	or a Debt in	at You Aiready List	tea
age you	ency is trying to collect from you for a debt	you owe to so e debts that yo	meone else, list the cre u listed in Part 1, list th	ot that you already listed in Part 1. For example, if a collection editor in Part 1, and then list the collection agency here. Similarly, if e additional creditors here. If you do not have additional persons to
	Kevin McDonald, Esquire			On which line in Part 1 did you enter the creditor? 2.2
	Name			Last 4 digits of account number
	KML Law Group			
	Street			
	701 Market St., Suite 5000			
	Philadelphia	PA	19106	
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Street			
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Street			
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
				-
	Street			
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Street			
	City	State	ZIP Code	
				On which line in Part 1 did you enter the creditor?
	Name			Last 4 digits of account number
	Street			
	City	State	ZIP Code	

Case 20-20646-GLT Doc 14 Filed 03/16/20 Entered 03/16/20 09:26:22 Fill in this information to identify your case: Kimberly A. Cline Debtor 1 First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Western District of Pennsylvania Check if this is an 20-20646-GLT amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Priority** Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? \square No 2.2 Last 4 digits of account number When was the debt incurred? Priority Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 2 only ☐ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another ☐ Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other Specify Is the claim subject to offset?

___ No Yes Casem201,20646-GLT

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Part 2:	Lis	st A	II of	fΥo

our NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority unsecured claims against y No. You have nothing to report in this part. Submit this form to Yes		
4.	List all of your nonpriority unsecured claims in the alphabetic nonpriority unsecured claim, list the creditor separately for each clincluded in Part 1. If more than one creditor holds a particular claim still out the Continuation Page of Part 2.	aim. For each claim listed, identify what type of claim it is. Do not	list claims already
	The Receivable Management Services LLC		Total claim
4.1]	Last 4 digits of account number 4927	
	Nonpriority Creditor's Name		\$ 2,867.35
	P.O. Box 19646	When was the debt incurred? 2018	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	Minneapolis MN 55419-0646 City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify Chargeback	
	✓ No Yes		
4.2		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
		_	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	City State ZIP Code Who incurred the debt? Check one.	─ ☐ Unliquidated☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	☐ Other. Specify	
	☐ No ☐ Yes		
4.3		Last 4 digits of account number	
	Nonpriority Creditor's Name	When was the debt incurred?	\$
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	City State ZIP Code Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	No		
	Yes		

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Part 3: List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				On which entry in Part 1 of Part 2 did you list the original creditor:
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Clai
				Last 4 digits of account number
City		State	ZIP Code	
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check analy Dert 1) Creditors with Priority Unacquired Claims
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
N				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
				Last 4 digits of account number
City		State	ZIP Code	•
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	2,867.35
	6j. Total. Add lines 6f through 6i.	6j.		2,867.35

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Fill in this in	formation to identi	ify your case:	
Debtor	Kimberly A. Cline		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse If filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for th	e Western District of Penn	nsylvania
Case number	20-20646-GLT		\/
(If known)			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom	you h	ave the contract or lease	State what the contract or lease is for
2.1				
	Name			
	Street			
	City St	tate	ZIP Code	-
2.2				
	Name			
	Street			
	City St	tate	ZIP Code	-
2.3				
	Name			
	Street			
	City St.	tate	ZIP Code	
2.4	•			
	Name			
	Street			
	City St	tate	ZIP Code	
2.5				
	Name			
	Street			
	City St	tate	ZIP Code	-

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	U	ocumeni	Page 20
formation to iden	ntify your case:		
Kimberly A. Cline			
First Name	Middle Name	Last Name	
·			
First Name	Middle Name	Last Name	
Bankruptcy Court for	the: Western District of Penr	nsylvania	
20-20646-GLT			,
	Ī		
-01111 1061	<u>1</u>		
	Kimberly A. Cline First Name First Name Bankruptcy Court for 20-20646-GLT	First Name Middle Name Bankruptcy Court for the: Western District of Penr	Kimberly A. Cline First Name Middle Name Last Name First Name Middle Name Last Name Bankruptcy Court for the: Western District of Pennsylvania 20-20646-GLT

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

Г	 Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) No 							
	Yes							
2. V	2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include							
	Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)							
<u> </u>	No. Go to line 3.							
L	Yes. Did your spouse, former spouse, or legal equivalent live	e with you at the time?						
	No							
	Yes. In which community state or territory did you live? _	Fill in the name and current address of that person.						
	Name of your spouse, former spouse, or legal equivalent							
	Number Street							
	Number Street							
	City State	ZIP Code						
3. I	In Column 1, list all of your codebtors. Do not include your s	spouse as a codebtor if your spouse is filing with you. List the person						
		guarantor or cosigner. Make sure you have listed the creditor on						
	Schedule D (Official Form 106D), Schedule E/F (Official Forr Schedule E/F, or Schedule G to fill out Column 2.	m 106E/F), or Schedule G (Official Form 106G). Use Schedule D,						
	•							
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt						
		Check all schedules that apply:						
3.1		Schedule D, line						
	Name	Schedule E/F, line						
	Street	Schedule G, line						
0.0	City State	ZIP Code						
3.2		Schedule D, line						
	Name	Schedule E/F, line						
	Street	Schedule G, line						
	City State	ZIP Code						
3.3	State	Zii Gode						
0.0	Name	Schedule D, line						
		Schedule E/F, line						
	Street	Schedule G, line						
	City State	ZIP Code						
'								

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Fill in this information to identify your cas	e:				
Numberly A. Cline					
First Name Middle N	ame L	ast Name	_		
Debtor 2 (Spouse, if filing) First Name Middle N	ame L	ast Name	-		
United States Bankruptcy Court for the: _ Western	District of Pennsylv	ania			
Case number 20-20646-GLT		,	Check if the	nis is:	
(ii kilomi)			_	ended filing	
				plement showing postpetition as of the following date:	n chapter 13
Official Form 106I			MM / D	D / YYYY	
Schedule I: Your In	come				12/15
Be as complete and accurate as possible. If supplying correct information. If you are malf you are separated and your spouse is not separate sheet to this form. On the top of all Part 1: Describe Employment	arried and not filing the filing with you, do	g jointly, and your spo not include informat	ouse is living with y ion about your spor	ou, include information abou use. If more space is needed,	it your spouse. , attach a
Fill in your employment					
information.		Debtor 1		Debtor 2 or non-filing sp	ouse
If you have more than one job, attach a separate page with information about additional employers. Employ	ment status	Employed Not employed		Employed Not employed	
Include part-time, seasonal, or self-employed work. Occupa	ition	Practice Represe	entative		
Occupation may include student or homemaker, if it applies. Employ	er's name	Fraudin Advance & Rehab	ed Chiropractic		
Employ	er's address	1030 Boyce Roa	ıd		
		Number Street		Number Street	
		Pittsburgh, PA 1		Oit.	7ID 0 - 1 -
How lo	ng employed there	City State ? 4 months	e ZIP Code	City State	ZIP Code
Part 2: Give Details About Monthl	y Income				
Estimate monthly income as of the date spouse unless you are separated.	you file this form.	If you have nothing to I	report for any line, wr	ite \$0 in the space. Include you	ır non-filing
If you or your non-filing spouse have more below. If you need more space, attach a se			on for all employers for	or that person on the lines	
			For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, salary, and deductions). If not paid monthly, calculate			\$1,408.33	\$	
3. Estimate and list monthly overtime pay		3.	+\$0.00	+ \$	
4. Calculate gross income. Add line 2 + line	e 3.	4.	\$ <u>1,408.3</u> 3	\$	

Official Form 106l Schedule I: Your Income page 1

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		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	→ 4.	\$ 1,408.33	\$	
5. List all payroll deductions:				i
5a. Tax, Medicare, and Social Security deductions	5a.	_{\$} 318.50	\$	
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	\$	_
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$	
5e. Insurance	5e.	\$0.00	\$	
5f. Domestic support obligations	5f.	\$0.00	\$	
5g. Union dues	5g.	\$0.00	\$	
5h. Other deductions. Specify:	5h.	+\$	+ \$	
		\$	\$	
	-	\$	\$	
	-	\$	\$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h	. 6.	\$ <u>318.50</u>	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 1,089.83	\$	
8. List all other income regularly received:				
 Net income from rental property and from operating a business, profession, or farm 				
Attach a statement for each property and business showing gross				
receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$	
8b. Interest and dividends	8b.	\$ 0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a depend	dent	·		
regularly receive		0.00		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$	
8d. Unemployment compensation	8d.	\$0.00	\$	
8e. Social Security	8e.	\$1,658.00	\$	
8f. Other government assistance that you regularly receive				
Include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental	ance			
Nutrition Assistance Program) or housing subsidies.		s 0.00		
Specify:	_ 8f.	Ψ	\$	
8g. Pension or retirement income	8g.	\$0.00	\$	
8h. Other monthly income. Specify:	_ 8h.	+\$0.00	+\$	
9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	_{\$} 1,658.00	\$	7
<u>-</u>		¥	· · · · · · · · · · · · · · · · · · ·	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$_2,747.83	+ \$	= \$ 2,747.83
] [
11. State all other regular contributions to the expenses that you list in Sch Include contributions from an unmarried partner, members of your household			ommatos, and other	
friends or relatives.	, your c	iependents, your roo	ommates, and other	
Do not include any amounts already included in lines 2-10 or amounts that are	e not a	vailable to pay expe	enses listed in Schedule J	
Specify:			11	1. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The	ne resu	It is the combined m	onthly income.	2,747.83
Write that amount on the Summary of Your Assets and Liabilities and Certain	Statis	tical Information, if it	applies 12	<u>Ψ</u>
				Combined monthly income
13. Do you expect an increase or decrease within the year after you file this				-
☐ No. Debtor is expecting to increase her hours to 4 ☐ Yes. Explain:	0 per	week.		
I GS. LAPIAIII.				

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Fill to the second							
Fill in this in	formation to identify	your case:					
Debtor 1	Kimberly A. Cline	Middle Name	Last Name		Check if this is:		
Debtor 2			Lust Name		An amended f	ilina	
(Spouse, if filing)	First Name	Middle Name	Last Name			-	etition chapter 13
United States I	Bankruptcy Court for the:	Western District of Per	-	tate)	expenses as o		
Case number (If known)	20-20646-GLT				MM / DD / YYYY	,	
Official F	Form 106J						
Sched	lule J: Yo	ur Exper	ises				12/15
information. I	te and accurate as po f more space is need aswer every question.	ed, attach another					-
Part 1:	Describe Your Hou	ısehold					
1. Is this a join	nt case?						
No. Go	to line 2. es Debtor 2 live in a s No Yes. Debtor 2 must fil			eparate Household	d of Debtor 2.		
2 Do you hay	e dependents?	✓No					
Do not list D	-		is information for	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
Debtor 2.	obtor rana		nt			-5-	No
Do not state names.	the dependents'				······································		Yes
							□No □Yes
							No
							Yes
							No
						· · · · · · · · · · · · · · · · · · ·	Yes
							₩No
							Yes
expenses of	penses include of people other than od your dependents?	V No Yes					
	<u> </u>						
	stimate Your Ongoi						
_	r expenses as of your of a date after the bar		_	_		-	-
applicable da		iki upicy is med. ii	inis is a suppleme	intai ochedale o,	check the box at the	top or the form	and mi m the
Include exper	nses paid for with nor	n-cash government	assistance if you	know the value of	of		
such assistan	nce and have included	d it on <i>Schedule I:</i> `	Your Income (Office	cial Form 106l.)		Your exper	ises
	or home ownership or the ground or lot.	expenses for your r	esidence. Include	first mortgage pay	ments and 4.	\$	0.00
If not inclu	uded in line 4:						0.00
4a. Real	estate taxes				4a.	\$	0.00
4b. Prope	erty, homeowner's, or r	renter's insurance			4b.	\$	0.00
4c. Home	e maintenance, repair,	and upkeep expense	es		4c.	\$	0.00
4d. Home	eowner's association o	r condominium dues			4d.	\$	0.00

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Debtor 1

Kimberly A. Cline

First Name Middle Name Last Name

Case number (if known) 20-20646-GLT

		Your ex	xpenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	205.00
6b. Water, sewer, garbage collection	6b.	\$	132.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	225.00
6d. Other. Specify:	6d.	\$	0.00
7. Food and housekeeping supplies	7.	\$	500.00
3. Childcare and children's education costs	8.	\$	0.00
Clothing, laundry, and dry cleaning	9.	\$	195.00
. Personal care products and services	10.	\$	175.00
. Medical and dental expenses	11.	\$	123.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$	290.00
8. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
Charitable contributions and religious donations	14.	\$	0.00
5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15b.	\$	174.00
15c. Vehicle insurance	15c.	\$	75.00
15d. Other insurance. Specify:	15d.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted your pay on line 5, Schedule I, Your Income (Official Form 106).	d from 18.	\$	0.00
Other payments you make to support others who do not live with you.			
Specify:	19.	\$	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Yo	our Income.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.		0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.		0.00

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Deb	tor 1	Kimberly A	A. Cline			Case number (if ki	nown) 20	-20646-GLT	
		First Name	Middle Name	Last Name		,	,		
1.	Other	r. Specify:					21.	+\$	0.00
								+\$	
								+\$	
2.	Calc	ulate your mo	nthly expenses						
	22a. <i>F</i>	Add lines 4 thro	ough 21.				22a.	\$	2,294.00
	22b. (Copy line 22 (m	nonthly expenses	for Debtor 2), if an	y, from Official Form 106J-2	2 22c. Add line 22a	22b.	\$	
	and 2	2b. The result	is your monthly e	xpenses.			22c.	\$	2,294.00
	2-11								
		•	thly net income. Your combined m	onthly income) from	Schedule I.		23a.	\$	2,747.83
		. ,		om line 22c above.			23b.	-\$	2,294.00
2	3c. \$	Subtract your r	nonthly expenses	s from your monthly	income.			¢	453.83
	-	The result is yo	our monthly net in	ncome.			23c.	Φ	
4. [Do yoι	u expect an in	crease or decre	ase in your expen	ses within the year after y	ou file this form?			
ı	For exa	ample, do you	expect to finish p	aying for your car l	oan within the year or do yo	ou expect your			
ı	mortga	age payment to	increase or deci	ease because of a	modification to the terms of	your mortgage?			
	No.								
Ĺ	☐ Yes	S. Explain I	nere:						

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Fill in this in	formation to identify	your case:		
Debtor 1	Kimberly A. Cline	Э		
Debtor 1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	Western District of	Pennsylvania	
Case number	$\frac{20\text{-}20646\text{-}GLT}{\text{(If known)}}$			

Check if this is an
amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	• 220 000 00
1a. Copy line 55, Total real estate, from Schedule A/B	\$220,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 14,000.00
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>234,000.00</u>
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>285,111.44</u>
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$2,867.35
Your total liabilities	\$ <u>287,978.79</u>
art 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	\$2,747.83
Copy your combined monthly income from line 12 of Schedule I	Ψ <u>=,</u>
Schedule J: Your Expenses (Official Form 106J)	_{\$} 2,294.00

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Kimberly A. Cline

First Name Middle Name

Debtor 1

Last Name

20-20646-GLT Case number (if known)

P	art 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this for Yes	orm to the court with your other sche	dules.
7.	What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. ✓ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	ses. 28 U.S.C. § 159.	omit
8.	From the <i>Statement of Your Current Monthly Income</i> : Copy your total current monthly income 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	come from Official \$_	1,408.33
9.	Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :	Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9d. Student loans. (Copy line 6f.)	\$	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	
	9g. Total. Add lines 9a through 9f.	\$0.00	

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Fill in this in	formation to ider	ntify your case:		
Debtor 1	Kimberly A. C	Sline Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
	Bankruptcy Court for 20-20646-GL	the Western District of Pe	ennsylvania	
Case number (If known)	20 20040 GE	<u>. I</u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bankruptcy forms?
✓ No ☐ Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have that they are true and correct.	ve read the summary and schedules filed with this declaration and
✗ /s/ Kimberly A. Cline	x
Signature of Debtor 1	Signature of Debtor 2
Date $\frac{03/16/2020}{\frac{MM}{I} \frac{DD}{I} \frac{I}{YYYY}}$	Date

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Fill in this in	formation to ide	ntify your case:	
Debtor 1	Kimberly A. Cline		
_	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for	the: Western District of Penn	nsylvania
Case number (If known)	20-20646-GLT		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	Give Details Abo t is your current marita Married Not married	ut Your Marital Sta	tus and Where Yo	ou Lived Before		
V	No /es. List all of the places	ve you lived anywhere	rears. Do not include	where you live now.		D. L. D. L. L.
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
	Number Street		From To	Same as Debtor 1 Number Street		Same as Debtor 1 From To
	City	State ZIP Code	-	City	State ZIP Code	
				Same as Debtor 1		Same as Debtor 1
	Number Street		From To	Number Street		From
	City	State ZIP Code	-	City	State ZIP Code	
and I	<i>territories</i> include Arizor No	you ever live with a sp na, California, Idaho, Lou ut Schedule H: Your Co	uisiana, Nevada, Nev	valent in a community propert v Mexico, Puerto Rico, Texas, v n 106H).	t y state or territory? (<i>C</i> Washington, and Wisco	community property sta

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Kimberly A. Cline 20-20646-GLT Debtor 1 Case number (if know Part 2: **Explain the Sources of Your Income** 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No ✓ Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income (before deductions and Check all that apply. (before deductions and Check all that apply. exclusions) exclusions) Wages, commissions. ■ Wages, commissions, From January 1 of current year until \$4,450.00 bonuses, tips bonuses, tips the date you filed for bankruptcy: ☐ Operating a business Operating a business Wages, commissions, ■ Wages, commissions, For last calendar year: bonuses, tips bonuses, tips \$2,533.00 (January 1 to December 31, 2019 Operating a business Operating a business Wages, commissions, ■ Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips \$ 20,692.00 (January 1 to December 31, 2018 ☐ Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) Social Security widow's benefit From January 1 of current year until the date you filed for bankruptcy: Social Security widow's benefit \$17,364.00 For last calendar year: (January 1 to December 31, 2019 Social Security widow's benefit \$13,611.00 For the calendar year before that: (January 1 to December 31, _2018

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Debtor 1 Kimberly A. Cline Case number (if known) 20-20646-GLT

Part 3:	List	Certain Paym	ents You	Made Befor	e You Filed	for Bankruptcy		
6. Are eith	ner De	btor 1's or Deb	tor 2's debt	s primarily co	nsumer debt	s?		
☐ No.						bts. Consumer debts ar nousehold purpose."	e defined in 11 U.S.C. § 101	(8) as
	Duri	ng the 90 days b	efore you file	ed for bankrup	tcy, did you p	ay any creditor a total of	\$6,825* or more?	
	□ 1	No. Go to line 7.						
	t	he total amoun	t you paid th	nat creditor. Do	not include p	\$6,825* or more in one ayments for domestic suents to an attorney for the	upport obligations, such	
	* Su	bject to adjustme	ent on 4/01/2	22 and every 3	years after th	at for cases filed on or a	after the date of adjustment.	
V Yes	: Deb	tor 1 or Debtor	2 or both ha	ave nrimarily	consumer de	hts		
						ay any creditor a total of	\$600 or more?	
			5.5.5 y 5 a	ou .o. ouup	io, ala jou pi	ay arry or outlost a total or	4000 00.0	
		No. Go to line 7.						
	□ `	creditor. Do	not include	payments for o	domestic supp	\$600 or more and the to ort obligations, such as ey for this bankruptcy cas		
					Dates of payment	Total amount paid	Amount you still owe	Was this payment for
						\$	\$	☐ Mortgage
		Creditor's Name				Ψ		□ Mortgage
		Number Street						Credit card
								Loan repayment
								Suppliers or vendors
		City	State	ZIP Code				Other
	-							
						\$	\$	☐ Mortgage
		Creditor's Name				,		_
								☐ Car
		Number Street						Credit card
								Loan repayment
								Suppliers or vendors
		City	State	ZIP Code				Other
		Creditor's Name				\$	\$	Mortgage
		orcanor o rvame						☐ Car
		Number Street						Credit card
								Loan repayment
								☐ Suppliers or vendors
		·						Other
		City	State	ZIP Code				

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Case number (if know

Insiders include your relation corporations of which you	business you operate as a s	relatives of any goon in control, or	general partners; partners; partners	artnerships of which nore of their voting	
✓ No					
☐ Yes. List all payments	to an insider.				
		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name			\$	\$	
Number Street					
City	State ZIP Code	· 			
	,		\$	\$	
Insider's Name					
Number Street					
City	State ZIP Code				
Within 1 year before you		ou make any pa	ayments or transf	er any property on	account of a debt that benefited
an insider? Include payments on debts No	filed for bankruptcy, did yo		Total amount	er any property on Amount you still owe	
an insider? Include payments on debts No	filed for bankruptcy, did yo	y an insider. Dates of	Total amount	Amount you still	Reason for this payment
an insider? Include payments on debts No Yes. List all payments Insider's Name	filed for bankruptcy, did yo	y an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
an insider? Include payments on debts ✓ No ☐ Yes. List all payments	filed for bankruptcy, did yo	y an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
an insider? Include payments on debts No Yes. List all payments Insider's Name	filed for bankruptcy, did yo	y an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
an insider? Include payments on debts No Yes. List all payments Insider's Name Number Street	filed for bankruptcy, did your segment or cosigned by that benefited an insider.	y an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
an insider? Include payments on debts No Yes. List all payments Insider's Name Number Street City	filed for bankruptcy, did your segment or cosigned by that benefited an insider.	y an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment
an insider? Include payments on debts No Yes. List all payments Insider's Name City Insider's Name	filed for bankruptcy, did your segment or cosigned by that benefited an insider.	y an insider. Dates of	Total amount paid	Amount you still owe	Reason for this payment

Kimberly A. Cline

Middle Name

Last Name

Debtor 1

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Debtor 1 K

Kimberly A. Cline

Name	Middle Name	Last Name

Case number (if known) 20-20646-GLT

Within 1 year before you filed for bar List all such matters, including persona and contract disputes.						_
☐ No ☐ Yes. Fill in the details.						
		of the case	Court or agency	,		Status of the case
MTGLQ v. Cline Case title:	Mortga 06/06/2	ge Foreclosure; Date filed: 2016	Court of Commo			Pending On appeal
			Number Street Washington	PA	15301	Concluded
Case number C-63-2016-1892	-		City	State	ZIP Code	
Case title:			Court Name			Pending On appeal
			Number Street			Concluded
Case number			City	State	ZIP Code	
Check all that apply and fill in the detai			sessed, foreclos	ed, garnish		
Check all that apply and fill in the detai No. Go to line 11.		Describe the property	sessed, foreclos	ed, garnish	Date	i, seized, or levied? Value of the property
Check all that apply and fill in the detai No. Go to line 11.			sessed, foreclos	ed, garnisł		
Check all that apply and fill in the detai No. Go to line 11. Yes. Fill in the information below.		Describe the property Explain what happened		ed, garnisł		Value of the property
Check all that apply and fill in the detai No. Go to line 11. Yes. Fill in the information below. Creditor's Name		Describe the property Explain what happened Property was repose	ssessed.	ed, garnisł		Value of the property
Check all that apply and fill in the detai No. Go to line 11. Yes. Fill in the information below. Creditor's Name		Explain what happened Property was repos	ssessed.	ed, garnisł		Value of the property
Check all that apply and fill in the detai ✓ No. Go to line 11. ✓ Yes. Fill in the information below. Creditor's Name	Is below.	Describe the property Explain what happened Property was repose	ssessed. losed. shed.			Value of the property
Check all that apply and fill in the detail No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Is below.	Explain what happened Property was repose Property was forect Property was garnis	ssessed. losed. shed.			Value of the property
Check all that apply and fill in the detain No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Is below.	Explain what happened Property was repos Property was forecl Property was garnis Property was attack	ssessed. losed. shed.		Date	Value of the property \$\$
Check all that apply and fill in the detai No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Is below.	Explain what happened Property was repos Property was forecl Property was garnis Property was attack	ssessed. losed. shed.		Date	Value of the property \$ Value of the property
Check all that apply and fill in the detain No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State	Is below.	Explain what happened Property was repos Property was forecl Property was garnis Property was attack	ssessed. losed. shed.		Date	Value of the property \$ Value of the property
Check all that apply and fill in the detain No. Go to line 11. Yes. Fill in the information below. Creditor's Name City State Creditor's Name	Is below.	Describe the property Explain what happened Property was reposed Property was garnised Property was attack Describe the property Explain what happened Property was reposed Property was reposed Property was reposed Property	ssessed. losed. shed. ned, seized, or levi		Date	Value of the property \$ Value of the property
☐ Yes. Fill in the information below. Creditor's Name Number Street City State	Is below.	Describe the property Explain what happened Property was repose Property was garnise Property was attact Describe the property Explain what happened	ssessed. losed. shed, seized, or levi		Date	Value of the property \$ Value of the property

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tor 1	Kimberly A. Cline	Case nu	umber (if known) 20-20646-GLT	
	First Name Middle Name Last Na	me		
	hin 90 days before you filed for bankrupt ounts or refuse to make a payment beca	cy, did any creditor, including a bank or finanduse you owed a debt?	cial institution, set off any amou	ınts from your
v	No			
	Yes. Fill in the details.			
		Describe the action the creditor took	Date action was taken	Amount
	Creditor's Name		was taken	
			\$	
	Number Street			
	City State ZIP Code	Last 4 digits of account number: XXXX–		
		Luck Faight of account number 7000		
		y, was any of your property in the possession	of an assignee for the benefit o	f
cre	ditors, a court-appointed receiver, a cust	odian, or another oπicial?		
	Yes			
rt 5	: List Certain Gifts and Contributi			
II J	List Certain Girts and Contributi	Ulis		
With	nin 2 years before you filed for bankrupto	y, did you give any gifts with a total value of n	nore than \$600 per person?	
v				
	Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value
	per person		the gifts	
	Person to Whom You Gave the Gift			\$
				\$
	Number Street			
	City State ZIP Code			
	Person's relationship to you			
	Gifts with a total value of more than \$600	Describe the gifts	Dates you gave	Value
	per person		the gifts	
				\$
	Person to Whom You Gave the Gift			
				\$
	Number Street			
	City State 710 Cod-			
	City State ZIP Code			
	Person's relationship to you			

Debtor 1

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otor 1	Kimberly A. Cline	Case number (if known) ~	0-20040-GL1	
	First Name Middle Name Last	Case number (if known) 2		
. Within	n 2 years before you filed for bankrup	tcy, did you give any gifts or contributions with a total value	of more than \$600	to any charity?
☑ No	0			
	es. Fill in the details for each gift or con	tribution.		
	Ç			
	Gifts or contributions to charities	Describe what you contributed	Date you	Value
τι	that total more than \$600		contributed	
				\$
Ch	narity's Name			*
				\$
				Ψ
Nu	umber Street			
_				
Cit	ty State ZIP Code			
				
art 6:	List Certain Losses			
	Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance	Date of your loss	Value of property lost
			Date of your loss	
		Include the amount that insurance has paid. List pending insurance	Date of your loss	
		Include the amount that insurance has paid. List pending insurance	Date of your loss	lost
		Include the amount that insurance has paid. List pending insurance	Date of your loss	lost
tl	the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	lost
tl	the loss occurred	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	lost
art 7:	List Certain Payments or Tran	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or trans		\$
art 7: Withir consu	List Certain Payments or Tran n 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or transeparing a bankruptcy petition?	efer any property to	\$
art 7: Withir consu	List Certain Payments or Tran n 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or trans	efer any property to	\$
art 7: Withir consu	List Certain Payments or Tran n 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr de any attorneys, bankruptcy petition pre	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or transeparing a bankruptcy petition?	efer any property to	\$
withir consult linellud	List Certain Payments or Tran n 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr de any attorneys, bankruptcy petition pre	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or transeparing a bankruptcy petition?	efer any property to	\$
withir consult linellud	List Certain Payments or Tran n 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr de any attorneys, bankruptcy petition pre	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or transpaparing a bankruptcy petition? eparers, or credit counseling agencies for services required in your pending agencies for services required in your pending agencies.	efer any property to ur bankruptcy.	\$
within consult linelud	List Certain Payments or Tran n 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr de any attorneys, bankruptcy petition pre o es. Fill in the details.	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or transeparing a bankruptcy petition?	efer any property to	\$
art 7: Within consumous Include V Ye	List Certain Payments or Tran n 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr de any attorneys, bankruptcy petition pre	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or transpaparing a bankruptcy petition? eparers, or credit counseling agencies for services required in your pending agencies for services required in your pending agencies.	afer any property to ur bankruptcy.	\$
art 7: Within consult including No. V Yes	List Certain Payments or Tran n 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr de any attorneys, bankruptcy petition pre o es. Fill in the details. Francis E. Corbett Person Who Was Paid Mitchell Building - 707	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or transpaparing a bankruptcy petition? eparers, or credit counseling agencies for services required in your pending agencies for services required in your pending agencies.	sfer any property to ur bankruptcy. Date payment or transfer was made	anyone you Amount of payment
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The state of the s	List Certain Payments or Tran n 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr de any attorneys, bankruptcy petition pre o es. Fill in the details. Francis E. Corbett Person Who Was Paid Mitchell Building - 707 Number Street 304 Ross Street	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. sfers ccy, did you or anyone else acting on your behalf pay or transpaparing a bankruptcy petition? eparers, or credit counseling agencies for services required in your pending agencies for services required in your pending agencies.	sfer any property to ur bankruptcy. Date payment or transfer was made	anyone you Amount of payment \$ 1,000.00
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Kimberly A. Cline 20-20646-GLT Debtor 1 Case number (if know Last Name Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. **✓** No ☐ Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was made Person Who Was Paid Number Street ZIP Code State 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. ✓ No ☐ Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer or debts paid in exchange transferred was made Person Who Received Transfer Number Street ZIP Code State Person's relationship to you _ Person Who Received Transfer Number Street State ZIP Code

Person's relationship to you _

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	Kimberly A. Cline First Name Middle Name L	ast Name	Case number (if kno	_{wn)} 20-20646-GLT	
are a	beneficiary? (These are often called	ruptcy, did you transfer any propert asset-protection devices.)	y to a self-settled trust	or similar device of wh	nich you
□ Ye	es. Fill in the details.	Description and value of the prope	rty transferred		Date transfer was made
Na	ame of trust				
Within closed nclud	n 1 year before you filed for bankru d, sold, moved, or transferred? de checking, savings, money marke	nts, Instruments, Safe Deposit ptcy, were any financial accounts of et, or other financial accounts; certif	r instruments held in y	our name, or for your b	
<u>√</u> No		eratives, associations, and other fin	ancial institutions.		
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
N	lame of Financial Institution		Checking		\$
N	lumber Street	_	Savings		
-	State 7IP Code	_ _	☐ Money market☐ Brokerage		
	Sity State ZIP Code	_ XXXX			\$
N	City State ZIP Code Jame of Financial Institution	xxxx	Brokerage Other_		\$
N N	lame of Financial Institution		Brokerage Other Checking Savings		\$
N C Do yo securi	lame of Financial Institution lumber Street Sity State ZIP Code ou now have, or did you have within ities, cash, or other valuables?	XXXX	Brokerage Other_ Checking Savings Money market Brokerage Other_	ox or other depository	
Do yo securi	lame of Financial Institution lumber Street Sity State ZIP Code ou now have, or did you have within ities, cash, or other valuables?	— — — — - -	Brokerage Other_ Checking Savings Money market Brokerage Other_		
Do yo securi V No	lame of Financial Institution lumber Street Sity State ZIP Code ou now have, or did you have within ities, cash, or other valuables?		Brokerage Other Checking Savings Money market Brokerage Other		for Do you still

Debtor 1

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r 1	Kimberly A. Cline		Case number (if known) 20-20646-GLT	
	First Name Middle Name La	st Name	Case namber (###own)_	
ave y	ou stored property in a storage unit	or place other than your home with	in 1 year before you filed for bankruptcy?	
☑ No				
Ye	s. Fill in the details.			
		Who else has or had access to it?	Describe the contents	Do you sti
				have it?
				□No
ī	Name of Storage Facility	Name		Yes
ī	Number Street	Number Street		
-		City State ZIP Code		
-				
(City State ZIP Code			
rt 9:	Identify Property You Hold	or Control for Someone Else		
Do yo	ou hold or control any property that s	someone else owns? Include any pr	operty you borrowed from, are storing for	r,
-	old in trust for someone.	•		
✓ N	o			
Y	es. Fill in the details.			
		Where is the property?	Describe the property	Value
-				\$
ō	Owner's Name			
_		Number Street		
_	Number Street	Number Street		
_		Number Street		
i -	Number Street		P Code	
-	Number Street City State ZIP Code	City State ZIP	P Code	
-	Number Street City State ZIP Code	City State ZIP	P Code	
t 10	Number Street City State ZIP Code : Give Details About Environ	City State ZIP	P Code	
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Debtor 1

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20-20646-GLT

Debtor 1 Case number (if know 25. Have you notified any governmental unit of any release of hazardous material? ✓ No Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State ZIP Code City State ZIP Code 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ✓ No ■ Yes. Fill in the details. Status of the Court or agency Nature of the case case Case title ☐ Pending Court Name On appeal ☐ Concluded Number Street Case number State ZIP Code Give Details About Your Business or Connections to Any Business Part 11: 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Business Name Number Street Dates business existed Name of accountant or bookkeeper To _ ZIP Code **Employer Identification number** Describe the nature of the business Do not include Social Security number or ITIN. **Business Name** Number Street Dates business existed Name of accountant or bookkeeper From To ____

City

ZIP Code

State

Kimberly A. Cline

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	Describe the nature of the business	Employer Identification number
Pusinger Name		Do not include Social Security number or ITIN
Business Name		EIN:
Number Street		
		Dates business existed
	Name of accountant or bookkeeper	From To
City State ZIP Code	,	
thin 2 years before you filed for bankru titutions, creditors, or other parties.	ાદુર, did you give a financial statement to an	yone about your business? Include all financial
No Yes. Fill in the details below.		
res. I ill ill the details below.	Date issued	
	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State ZIP Code		
State Zir Code		
12: Sign Below		
	nt of Financial Affairs and any attachments, and that making a false statement, concealing n result in fines up to \$250,000, or imprisonn	g property, or obtaining money or property by frauc
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nswers are true and correct. I understall connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kimberly A. Cline Signature of Debtor 1 Date 03/16/2020 id you attach additional pages to Your signal yes No Yes	nd that making a false statement, concealing n result in fines up to \$250,000, or imprisonn Signature of Debtor 2	g property, or obtaining money or property by fraud ment for up to 20 years, or both. See Filing for Bankruptcy (Official Form 107)?
As wers are true and correct. I understain connection with a bankruptcy case case U.S.C. §§ 152, 1341, 1519, and 3571. Solution (Signature of Debtor 1) Date 03/16/2020 id you attach additional pages to Your solution (Signature of Debtor 1) No Yes id you pay or agree to pay someone when the connection (Signature of Debtor 1) No	nd that making a false statement, concealing n result in fines up to \$250,000, or imprisonn Signature of Debtor 2 Date Statement of Financial Affairs for Individuals no is not an attorney to help you fill out bankr	g property, or obtaining money or property by fraud ment for up to 20 years, or both. See Filing for Bankruptcy (Official Form 107)?

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Fill in this in	formation to ide	entify your case:		0147
Debtor 1	Kimberly A. (Cline Middle Name	Last Name	T
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court fo	r the: Western District of P	ennsylvania	
Case number (If known)	20-20646-GL	<u>.T</u>		i

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
✓ 3. The commitment period is 3 years.✓ 4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Pa	art 1: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11.								
	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.								
					Col.	umn A or 1	Column Debtor 2 non-filing	or	
2.	Your gross wages, salary, tips, bonuses, overtime, and payroll deductions).	commissic	ons (be	fore all	\$	1,408.33	\$	0.00	
3.	Alimony and maintenance payments. Do not include pay	ments from	a spou	se.	\$	0.00	\$	0.00	
4.	4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.				\$	0.00	\$	0.00	
5.	Net income from operating a business, profession, or farm	Debtor 1		tor 2					
	Gross receipts (before all deductions)	\$0.0	0 \$_	0.00					
	Ordinary and necessary operating expenses	- \$ 0.0	0 - \$_	0.00					
	Net monthly income from a business, profession, or farm	\$0.0	00 \$_	0.00 here	\$	0.00	\$	0.00	
6.	Net income from rental and other real property	Debtor 1	Deb	tor 2					
	Gross receipts (before all deductions)	\$0.0	00 \$	0.00					
	Ordinary and necessary operating expenses	- \$0.0	0 - \$_	0.00					
	Net monthly income from rental or other real property	6 00	10 e	Copy	Φ	0.00	c	0.00	

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Debtor 1

Kimberly A. Cline

Document

Middle Name

Last Name

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
7.	Interest, dividends, and royalties	\$0.00	\$0.00	
8.	Unemployment compensation	\$0.00	\$0.00	
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:			
	For you\$\$			
	For your spouse \$\$			
9.	Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$0.00_	\$0.00	
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.			
	Separate page and put the total below.	\$0.00	\$0.00	
		\$0.00	\$0.00	
	Total amounts from separate pages, if any.	+ \$0.00	+ \$0.00	
11.	Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$1,408.33 +	\$0.00	= \$_1,408.33 Total average monthly income
Pa	Determine How to Measure Your Deductions from Income			
12.	Copy your total average monthly income from line 11.			s 1,408.33
13.	Calculate the marital adjustment. Check one:			
	✓ You are not married. Fill in 0 below.			
	☐ You are married and your spouse is filing with you. Fill in 0 below.☐ You are married and your spouse is not filing with you.			
	Fill in the amount of the income listed in line 11, Column B, that was NOT regularly you or your dependents, such as payment of the spouse's tax liability or the spouse you or your dependents.			
	Below, specify the basis for excluding this income and the amount of income devote list additional adjustments on a separate page.	ed to each purpose. If n	ecessary,	
	If this adjustment does not apply, enter 0 below.			
		\$		
		\$		
		+ \$		
	Total	. \$0.00	Copy here	0.00
14.	Your current monthly income. Subtract the total in line 13 from line 12.			\$1,408.33

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Debtor 1 Kimberly A

Kimberly A. Cline

Last Name

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15. Calculate your current monthly income for the year. Follow these steps: 1,408.33 15a. Copy line 14 here

→ Multiply line 15a by 12 (the number of months in a year). 12 16,899.96 15b. The result is your current monthly income for the year for this part of the form. 16. Calculate the median family income that applies to you. Follow these steps: PA 16a. Fill in the state in which you live. 1 16b. Fill in the number of people in your household. 16c. Fill in the median family income for your state and size of household. 53,633.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? 17a. 🗸 Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 1.408.33 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 0.00 1,408.33 19b. Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: 20a. Copy line 19b...... \$ 1,408.33 12 Multiply by 12 (the number of months in a year). X 20b. The result is your current monthly income for the year for this part of the form. 16,899.96 20c. Copy the median family income for your state and size of household from line 16c....... 53,633.00 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4.

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Debtor 1

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First Name Middle Name Last Name Page 44 of 47

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Part 4:	Sign Below					
	By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.					
	✗/s/ Kimberly A. Cline	×				
	Signature of Debtor 1	Signature of Debtor 2				
	Date 03/16/2020 MM / DD / YYYY	Date				
	If you checked 17a, do NOT fill out or file Form 1 If you checked 17b, fill out Form 122C-2 and file	122C-2. e it with this form. On line 39 of that form, copy your current monthly income from line 14 above.				

United States Bankruptcy Court

Western District of Pennsylvania

Ir	n re Kimberly A. Cline				
			Case No. 20-20646-GLT		
Debtor			Chapter_ ¹³		
	DISCLOSURE O	F COMPENSATION OF ATT	DRNEY FOR DEBTOR		
1.	above named debtor(s) and the petition in bankruptcy, or agree	at compensation paid to me with	ertify that I am the attorney for the n one year before the filing of the rendered or to be rendered on behalf of kruptcy case is as follows:		
<u></u>	LAT FEE				
	For legal services, I have agree	eed to accept	\$\frac{4,310.00}{		
	Prior to the filing of this state	ment I have received	\$_1,000.00		
	Balance Due		\$ <u>3,310.00</u>		
$\square_{\underline{R}}$	ETAINER				
	For legal services, I have agre	ed to accept a retainer of	\$		
	The undersigned shall bill aga	ninst the retainer at an hourly rate	of\$		
	-	nedule.] Debtor(s) have agreed to exceeding the amount of the retain			
2.	The source of the compensation	on paid to me was:			
	Debtor	Other (specify)			
3.	The source of compensation to	be paid to me is:			
	✓ Debtor	Other (specify)			
4.	I have not agreed to share members and associates of		tion with any other person unless they		
		ny law firm. A copy of the Agree	with a other person or persons who ment, together with a list of the names		
5.	In return of the above-disclose	ed fee, I have agreed to render leg	al service for all aspects of the		

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

bankruptcy case, including:

- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following None.	services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/16/2020 /s/ Francis Corbett, 37594

Date Signature of Attorney

Francis Corbett

Name of law firm 304 Ross Street Mitchell Building - 707 Pittsburgh, PA 15219 (412) 456-1882 fcorbett@fcorbettlaw.com